

Individual

Demographic Reporting Form

Positive Alternatives

Date: 1-1 thru 3-31-16

Grantee Name: Helping Hand Pregnancy Center

1. Client Age Range: (39 Clients)

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	3	2	9	9	10	5	1

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown
10	5	8	16	

3. Client Marital Status:

Married	Not Married	Marital Status Unknown
10	28	1

4. Client Race:

Race: White	Race: African American	Race: African-American	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
4	1	2	2	4	26	

5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
26	13	